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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/345,617
Filing Date	June 30, 1999
First Named Inventor	Salim G. Kara
Art Unit	2161
Examiner Name	E. R. Cosimano
Attorney Docket Number	48237/P005CP1/09903767

To: MS Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The client has failed to pay one or more bills rendered by our firm for a period of time of over 12 months.

In accordance with C.F.R. §10.40(a), a copy of this request is being sent to the client. A copy of the letter to the client is attached.

**CORRESPONDENCE ADDRESS**

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

Firm or Individual Name **Salim Kara**

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Signature

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Date **September 9, 2005**

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.